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CONFIRMATION NO. 5823

<b>SERIAL NUMBER</b> 10/711,824	<b>FILING OR 371(c) DATE</b> 10/07/2004 <b>RULE</b>	<b>CLASS</b> 004	<b>GROUP ART UNIT</b> 3751	<b>ATTORNEY DOCKET NO.</b> 1501.01
<b>APPLICANTS</b> Robert I. Smith, Dunnellon, FL;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/481,477 10/07/2003				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 11/18/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 5
Verified and Acknowledged Allowance <i>K. A. Mahr</i> Examiner's Signature		Initials KAM	<b>INDEPENDENT CLAIMS</b> 1	
<b>ADDRESS</b> 21901				
<b>TITLE</b> Toilet Evacuation System				
<b>FILING FEE RECEIVED</b> 395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	